

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) MERCK-3028														
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;">In re Application of Valerie AUTIER et al.</td></tr><tr><td style="width: 60%; padding: 2px;">Application Number 10/541,377</td><td style="padding: 2px;">Filed July 6, 2005</td></tr><tr><td colspan="2" style="padding: 2px;">KYNURENINE 3-HYDROXYLASE INHIBITORS FOR THE For TREATMENT OF DIABETES</td></tr><tr><td style="padding: 2px;">Group Art Unit 1614</td><td style="padding: 2px;">Examiner Alicia R. Hughes</td></tr></table>			In re Application of Valerie AUTIER et al.		Application Number 10/541,377	Filed July 6, 2005	KYNURENINE 3-HYDROXYLASE INHIBITORS FOR THE For TREATMENT OF DIABETES		Group Art Unit 1614	Examiner Alicia R. Hughes						
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 80px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width: 100%; margin-top: 20px;"><tr><td style="width: 50%; text-align: center; vertical-align: bottom;">November 2, 2007 _____ Date</td><td style="width: 50%; text-align: center; vertical-align: bottom;">/Csaba Henter/ _____ Signature</td></tr><tr><td colspan="2" style="text-align: center; vertical-align: bottom;">Csaba Henter, Reg. No. 50,908 _____ Typed or printed name</td></tr></table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small></p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	November 2, 2007 _____ Date	/Csaba Henter/ _____ Signature	Csaba Henter, Reg. No. 50,908 _____ Typed or printed name	
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